

November 12, 2003

Dear Provider:

The Department of Children's Services (DCS) is assessing its contractors' awareness and preparedness for the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The provisions of HIPAA apply to any entity that is one of the following:

- A health care provider that conducts certain transactions in electronic form
- A health care clearinghouse
- A health plan

A significant portion of the funding for treatment services and targeted case management services for children in state custody is derived from the Centers for Medicare and Medicaid Services (CMS) under the auspices of Title XIX of the Social Security Act. This funding is used to reimburse many DCS providers. Therefore, many DCS contract agencies are providing federally funded health care and treatment services. Please see the Code of Federal Regulations (45 CFR 160.103 and 45 CFR 164.501) for the definitions of health care, health care clearinghouse, health care provider, health plan, individually identifiable health information, and treatment under HIPAA.

In order to comply with HIPAA, DCS is determining which contractual relationships will require a business associate agreement under HIPAA. DCS needs to know (1) whether you have determined that your organization is a covered entity under HIPAA, (2) whether you consider your organization to be a health care provider, even if it does not perform any of the HIPAA-covered electronic transactions, and (3) whether the work or services you provide to DCS involves the use or disclosure of individually identifiable health information.

Please have the Chief Executive Officer of your organization, or the person with contracting authority, certify the status of your organization below. If you need assistance in making this determination, you can obtain assistance from the CMS internet site at: <http://www.cms.hhs.gov>

**Please return page 2 of this letter, with an original signature, in the enclosed postage paid envelope no later than December 1, 2003.**

Sincerely,

Michael J. Miller  
Commissioner

Name of Organization \_\_\_\_\_

Date \_\_\_\_\_

I hereby certify, to the best of my knowledge, that the above named organization:

\_\_\_\_\_ **IS A COVERED ENTITY** under HIPAA

\_\_\_\_\_ **IS NOT A COVERED ENTITY** under HIPAA

\_\_\_\_\_ **IS A HEALTH CARE PROVIDER BUT DOES NOT PERFORM  
ELECTRONIC TRANSACTIONS COVERED BY HIPAA**

\_\_\_\_\_ **USES OR DISCLOSES INDIVIDUALLY IDENTIFIABLE HEALTH  
INFORMATION IN THE COURSE OF DOING BUSINESS WITH DCS**

If you checked the selection above, please indicate the purposes for which your organization uses or discloses individually identifiable health information below:

\_\_\_\_\_ For treatment purposes

\_\_\_\_\_ To submit claims for payment

\_\_\_\_\_ Other, please explain: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Signature of Chief Executive Officer/President/Owner

\_\_\_\_\_  
Printed Name